



MN BCA Urine Kit Sample Identification and Information Sheet

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BCA Urine Collection Kit No. U –

Please print clearly

SUBJECT INFORMATION

Subject Name: _____

DOB: ____/____/____ Sex: M F Subject's Condition: Deceased Alive Injured

Driver's License Number: _____

Subject's Status: Driver Passenger Pedestrian Other (Specify) _____

AGENCY/OFFENSE INFORMATION

Alleged Offense: _____

Offense Date/Time: ____/____/____ ____:____ County of Offense: _____

ICR/Ticket No.: _____

Send Report to Agency: _____

Attention: _____

Send Additional Report to: _____

KIT/SAMPLE INFORMATION

Kit Intact & sealed when received? Yes No

Powder present in bottle? Yes No

Sample taken by: _____

Date/Time sample taken: ____/____/____ ____:____ Please use military time

Breath test given? Yes No DMT results: _____ PBT results: _____

Analysis Requested: Alcohol Drugs (Specify) _____

Drug evaluation completed by a DRE? Yes No If Yes then circle all that apply; Drug(s) causing impairment:

CNS Stimulant CNS Depressant Hallucinogen Dissociative Anesthetic Narcotic Analgesic Inhalant Cannabis

For Laboratory Use Only

Received at BCA:

Sealed? Yes No

For scientist: Standard BCA kit containing urine?

Yes No

Volume _____ mL

Office: Affix case label here

Other Notes: